



# THE HEALTH OF DUBLIN.

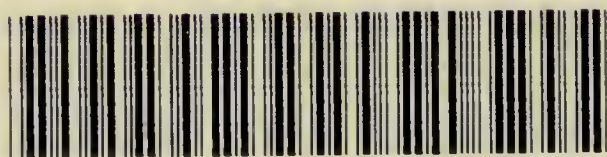
BY

FREDERIC W. PIM.

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THE GROWTH OF SANITATION  
IN DUBLIN :

BEING

A N    A D D R E S S

*Delivered at the Nineteenth Annual General Meeting of the Dublin  
Sanitary Association, 27th March, 1890.*

BY

FREDERIC W. PIM,

PRESIDENT OF THE ASSOCIATION.



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## A D D R E S S .



Ladies and Gentlemen,—Succeeding Dr. Grimshaw as President of the Dublin Sanitary Association, I cannot but find myself at somewhat of a disadvantage in venturing to close the year's work of the Association with an address to its members.

Dr. Grimshaw is *ex-officio* a master of figures and facts and possesses also the art of handling these figures and facts so as to enforce on us the lessons which they contain. I cannot pretend to rival my predecessor in his own peculiar field, and must content myself with putting before you some general considerations which occur to me, as indicating the place which I conceive the Sanitary Association to occupy, and the function which it fulfils with more or less of advantage to the community.

Three primary conditions are essential to the successful application of the principles of sanitary science to the preservation and improvement of the public health.

First.—An adequate and accurate knowledge of the facts on which sanitary Science is based.

Second.—A comprehensive, well-considered, and intelligible system of law for the control and guidance of sanitary administration.

Third.—Such vitality and force of public opinion as, while stimulating the sanitary authorities to act with vigour, will enable them to do so with confidence of support, and will

ensure to them a sufficient provision of means for the expenditure necessary for the accomplishment of their purposes.

The objects of the Sanitary Association, as defined at its preliminary meeting, on the 17th of May, 1872, were specifically directed to the securing of these three primary conditions, and this has continued to be the aim with which the work of the Association has, ever since, been carried on. My purpose to-day is to consider how we stand, after an experience of nearly eighteen years, with regard to the attainment of these three objects, and to remark some few points which suggest themselves to my mind in their application to the special circumstances and needs of our city and district.

Sanitation as a modern science may be said to have begun with the establishment of the systematic registration of births, deaths, and marriages, which was put in operation in England and Wales in 1837. The old "bills of mortality" had not been without their use, and the periodical census of the population, which first began in 1801, had already laid a foundation; but the establishment of the General Register Office first raised sanitary statistics to the rank of a science, and forms an era from which recent sanitary legislation may be dated. Before that time many well-meant endeavours had, from time to time, been made to ascertain the causes of disease and to restrain nuisances; and every recurring epidemic led to some spasmodic attempts by Parliament to promote the improvement of the public health; but it was not till 1848 that the first serious attempt was made to grapple comprehensively by legislation with the subject of general sanitation, by the passing of the Public Health Act of that year. That Act, however, was of a per-



missive character, to be put in force only in such localities in England and Wales, as might voluntarily adopt it, or where the death-rate should be so exceptionally high as to induce the "General Board of Health" to put it in force.

From that time onward sanitary matters continued gradually to acquire a firmer hold on public attention, and sanitary acts followed one another through Parliament in rapid succession. Between 1855 and 1874, at least nineteen such acts, applying partially or wholly to Ireland, became law.

Meanwhile the English Registration Office was laboriously collecting a mass of statistics throwing light, if not directly on the causes of disease, at least on the immediate causes of death, and scientific writers were drawing from the facts so recorded the general principles of the science of public health.

It was not till 1864 that the Irish registration system was established, and this interval of twenty-seven years may almost be said to mark the distance by which Ireland has ever since lagged behind in the race of sanitary reform. The General Register Office in Charlemont House has now been in operation for twenty-six years, during the last eleven of which it has been under the superintendence of our late President. I need hardly point out what an invaluable help it has been to the work of the Sanitary Association, that the Registrar-General has continued during all that time to be an active member of our Executive Committee.

The Association early turned its attention to the desirability of securing the greatest attainable accuracy in the statistics of mortality. With this view, the Committee, between 1873 and 1876, more than once called the attention of those concerned to the irregularity of the returns made by some of the workhouses and hospitals, and succeeded in having the defects remedied. Again, it was notorious, down

to 1878, that the registration was so far from being complete, that the number of burials in the Dublin Cemeteries exceeded the number of deaths registered by nearly ten per cent. Dr. Burke, then Medical Superintendent of Statistics, brought this pointedly under public notice by means of a table published in *Thom's Almanac* for 1875, showing the respective numbers of burials and of registered deaths in each year from 1864 to 1870. The total excess of burials over registered deaths for the seven years was 5,250, equal to 9.8 per cent. of the whole, and raising the average death-rate for these years from 27.5, as shown by the returns, to an actual corrected rate of 30.5 per thousand. This serious defect has since been remedied by means of a clause inserted, at the instance of the Association, in the Public Health Act of 1878, requiring periodic returns from all cemeteries to be made to the respective district registrars, by which the register of deaths can be checked, and such discrepancies adjusted. This long-continued error renders it necessary, in comparing the death-rates for different periods, to add one-tenth to the figures for all the years down to 1878.

At the request of the Association, the Census Commissioners in 1881, were instructed by the Irish Government to compile statistics representing the social position of the inhabitants of Dublin, which were in 1883 made the basis of a new table (No. VIII.) in the Registrar-General's weekly returns, showing in five general classes and eighteen groups, the occupations or social position of the persons whose deaths are recorded in the registration district. The seven years which have since elapsed are perhaps too short a period from which to generalize; but this table is likely hereafter to be of great value by showing the relative mortality from the various groups of diseases amongst persons of

different callings. It is to be hoped that a similar social census will form a part of the census of 1891, and of each succeeding census.

In the early controversies of this Association with the Public Health Committee of the Corporation, it was usual in the endeavour to minimize the force of our statements as to the excessive unhealthiness of Dublin, to urge that a large percentage of the registered deaths were those of persons—not residents of Dublin—who came here from other districts for poor-relief, or for medical care, or for other reasons, and of whom it was supposed that a large number died in the Dublin hospitals and workhouses. There never was much real weight in this argument, for the number of such cases was not nearly so large as was supposed; but even this defect in our registration system has been remedied, for, since July, 1876, deaths occurring in public institutions in the Dublin registration district, have been assigned to the several localities from which the deceased persons were admitted. Probably at the present time the accuracy of the Dublin registration is as nearly perfect as care and labour can make it; but it should be noted that as no similar correction is made in the death returns in other places, comparisons between Dublin and English towns now show rather unduly in favour of Dublin.

But, however complete the registration of deaths may be made, and useful as its results undoubtedly are, a registration of deaths alone is far from being sufficient to give a true scientific basis for a theory of sanitation. If we are to know how to prevent disease, we must trace it to its origin, not merely by its effects. We want to know how, when, and where, each case of disease commenced, not where and



when the fatal cases ended. This is scientifically true of all diseases, but for the purposes of public sanitation its application is practicable only, or at least especially, with regard to that large class of diseases which we call zymotic or infectious : diseases, that is to say, which, in the individual patient, work as a poison through the system, like yeast in dough, and which, by the same yeast-like nature, are capable of propagating themselves from one individual to others, sometimes through whole communities ; occasionally spreading over vast tracts of the Earth's surface, as has been the case with the recent epidemic of influenza, from which we are still suffering more or less.

These diseases differ from many others in that, for the most part, they usually attract, or rather demand, attention, and call for the aid of a medical man at a very early stage of their development ; that they are generally so well marked by characteristic symptoms, as to be diagnosed with reasonable certitude before they have run very far, so that necessary sanitary precautions can be put in operation before many persons have been subjected to risk of infection, and also, that though their originating causes are still very obscure, the modes of their propagation are fairly well understood, and can, to a large extent be guarded against, while, as regards many of those which are most common, their evil results are not summed up in a list of the deaths. Thus, mild cases of measles often eventuate in fatal chest diseases, and—not to speak of the dreadful disfigurement caused by small-pox—small-pox and scarlatina sometimes leave behind them permanent blindness or deafness, besides a host of other evils the origin of which is attributable to the same source.

But Sanitation has for its object, not solely the reduction

of the death-rate—it aims equally at the prevention of non-fatal disease, which, besides its serious effects on the individual patient, tends frightfully to the impoverishment of the household in which an outbreak occurs, and therefore to the grievous injury of the community. How many families have endured years of embarrassment and privation, owing to the typhoid which disabled its Head, perhaps for months, or the scarlatina which, after an expensive medical attendance and nursing—rendered the more grievous by the isolation from friends, who in a non-infectious case would have afforded willing assistance—has entailed a costly disinfection, and perhaps the necessity for a change of air for a sickly child during a long convalescence ; even though in neither case has there been a death recorded in the General Register Office

Furthermore, if sanitary administration is to be based on accurate knowledge of facts, how vitally important is it, that the Public Health Officer should be able to lay his finger on the spot where the first case of some dangerous malady has broken out, instead of first learning of its occurrence, weeks afterwards, when the patient has died—considering that, before the first death takes place, fifty non-fatal cases may have occurred, each forming a new centre, from which the disease radiates into fresh channels of propagation.

To a not unimportant extent, though in a very imperfect manner, information of this sort has hitherto been gleaned from the returns made to the Sanitary Authorities from the various hospitals. In the earlier years of this Association the hospital records were continually referred to by the Executive Committee, for the purpose of tracing out the local centres of outbreaks of diseases. But, many of these diseases originate and spread quite as freely—perhaps in some cases, almost more freely, in the well-to-do classes, who do not re-

sort to the hospitals,\* as amongst the poor, and in all classes there occur multitudes of cases which are treated at home. It is therefore obvious that, without other help than that derived from the hospital returns, a large proportion of cases of infectious disease must remain entirely unnoticed by the Sanitary Authorities, unless and until the death of a patient finds its way into the Registrar-General's tables.

In view of all these considerations, the Sanitary Association has long laboured to promote the movement in favour of an Act of Parliament for the Compulsory Notification of Infectious Disease. In 1880 the Executive Committee communicated their opinion on this subject, both to the Public Health Committee, and to the Chief Secretary, Mr. Forster; and they have steadily kept the object in view ever since. It has occupied a prominent place in several of the Annual Reports since 1880.

Several bills with this object were from time to time introduced into Parliament, and the efforts made, finally resulted, last session, in the passing of the "Infectious Diseases Notification Act, 1889," which applies to the whole United Kingdom, but, except in the London district, is permissive

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\* In the year 1888, out of 168 deaths in Dublin by Typhoid Fever, 52, or nearly one-third, were in the upper or middle classes, 34 amongst artisans and smaller shopkeepers, and 82 amongst the labouring classes and the very poor, whilst of 170 deaths of Scarlatina, only 38, between a fourth and fifth, of 90 by measles, 16, a little over a sixth, and of 273 by whooping-cough, only 21, exactly one-thirteenth occurred in the well-to-do classes. As, in these classes, the proportion of cases to deaths must be greater than amongst the poor, especially in typhoid, in which, long continued careful nursing counts for so much, it seems to follow that the cases of this disease occurring amongst the affluent must be almost, or fully as many as in all other classes together—though the proportion of population is in round numbers, 87,000 out of 347,000, or almost exactly one-fourth.



only, requiring, in order to bring it into force in any district, that it shall be adopted by a resolution of the Local Authority.

Once the Act has been adopted, it becomes compulsory on the Head of any house in which a case of infectious disease occurs, as well as on any medical man who may be in attendance, or may be called in to visit the patient, at once, under penalties for neglect, to notify its occurrence to the district medical officer of health, that is to the dispensary doctor of the district.

I learn from an article in the *Sanitary Record* for January, 1890, that already the Act has been adopted in 315 urban, 258 rural, and 9 port sanitary districts in England and Wales, making with 59 towns, where its provisions were previously in force under local acts, a total of 641 sanitary districts in which compulsory notification of infectious diseases is now being carried out; it has been adopted by our Corporation for the City of Dublin, and has also recently been adopted for Cork.

It is of course too early to speak of the results of this Act, but as showing the relative importance of information as to the occurrence of disease, compared with a mere record of deaths, I may mention that by a table published in the same number of the *Sanitary Record*, it appears that in 46 English towns where the Act was in force during the month of December last, 1,261 cases of scarlatina were recorded, with 90 deaths; 256 cases of diphtheria with 83 deaths; and 327 cases of typhoid fever with 68 deaths; so that in these three diseases only, instead of commencing their investigations, and adopting their remedies after the termination of 241 fatal illnesses, the Public Health Officers were enabled to take precautionary and preventive measures at the beginning of

1,844 cases, most of which without the Act would never have come under their notice at all.

A systematic record of the most important statistical facts of sanitary science being thus secured, let us see how we stand with regard to the second of our objects—adequate legal powers for sanitary administration.

The subject of Sanitary Legislation was exhaustively treated by Mr. Robert O'Brien Furlong, M.A., in a lecture delivered on the 31st May, 1873—the last of a course of ten lectures, arranged for in that year by the Association, in conjunction with the Royal Dublin Society. I am indebted to that lecture for the few historical dates and facts with which I shall trouble you.

Amongst the most important of the earlier attempts to cope with the spread of disease by sanitary legislation, were two special acts passed in 1818 and 1819 for Ireland only, arising out of a fearful epidemic of fever then raging in this country (oddly enough, an attempt to procure the extension of one of these acts to England was unsuccessful); but, as already mentioned, it was not till the Public Health Act of 1848 that any permanent general measure, giving power to local authorities to deal with sanitary matters, was passed, and this act required formal adoption by each local authority to bring it into operation, and only applied to England and Wales. It laid a foundation for more energetic measures later on, but in itself was of little effect, except, indirectly, in helping to stimulate the growth of public opinion in regard to the necessity for systematic legislation for sanitary purposes.

Between 1848 and 1874 a number of acts concerning sanitary matters were passed, and from time to time

amended—Diseases Prevention, Nuisance Removal, Sewage Utilization, Common Lodging-houses, Towns Improvement, Burial Grounds, Sanitary Loans, Artisans' and Labourers' Dwellings—were all subjects of legislation during these years; but the next really important stage in the history of sanitary legislation, is marked by the Sanitary Act of 1866, which applied to England and Ireland. This act placed every part of Ireland under the jurisdiction of a "Nuisance Authority," either corporation, town, or township commissioners, or poor-law guardians, as the case might be, and conferred on those authorities very considerable powers for the suppression of nuisances, and for the promotion of the public health in their districts.

Another valuable act was the Local Government Act of 1871, which introduced the "Provisional Order" system, under which parliamentary powers to carry out public works can be obtained, and loans for sanitary purposes can be raised, without the necessity of promoting in Parliament a private bill for the purpose. Much benefit has been derived from this act, and it is only to be regretted that its beneficial provisions have not been more extensively made use of.

The Local Government Board for Ireland was constituted under an act passed in 1872. The English Board had been established in the previous year.

So much for the progress of events prior to the foundation of the Sanitary Association. Up to that time, in spite of the many legislative attempts to bring about a better state of things, but little real progress had been made in bringing executive powers to bear on the practical problems of sanitary administration. There can be no doubt that the multiplicity of statutes, and the repeated amendments of their



provisions, had tended to bring about an overlapping, or even, at some points, a conflict, of jurisdiction between the different authorities constituted under them, and a considerable amount of doubt and confusion as to their powers, while the organisation of the machinery for carrying the acts into effect was, at least in many cases, left very defective; but probably the real reason for the apparent lukewarmness of the Sanitary Authorities of those days, and the ineptitude of many of the measures taken to carry out their duties, lay, neither in the want of sufficient legal powers, nor yet in real indifference or want of intelligence on the part of those to whom the carrying out of the laws was intrusted, half so much as in the utter want of that force of public opinion behind them, without which a government or administration, whether national or local, is like a ship with all her sails set, but without a breeze to fill them, and give her steerage-way; or like a steam-engine disconnected from the boiler which should supply it with motive power.

Such being the state both of law and of facts, it may almost be said, without exaggeration, that, at least as far as Ireland was concerned, sanitation was only in its earliest infancy when, in May, 1872, our Association was founded. This is clearly illustrated, by the fact that, for the year 1871, the whole expenditure under the sanitary acts by the 274 Sanitary Authorities in Ireland, was only £9,756 13s. 4d., of which sum, the amount expended in Dublin was £2,050 11s. 11d., and in Belfast, £427 4s. 8d. As a contrast to this, the expenditure for the City of Dublin alone, in the year 1888, is stated by Sir Charles Cameron, in his Report for that year, to have been £20,829 1s. 2d., more than ten times as much as in 1871, and more than twice as much as

was expended in all Ireland in that year. It is right to say, that of this large expenditure, more than half, or upwards of £11,000, is made up of interest and instalments of repayments of principal on "loans for sanitary purposes," amounting to upwards of £180,000, incurred in providing a number of important public improvements, the value of which is by no means wholly sanitary ; amongst others, the abattoir, the baths and wash-houses in Tara-street, the clearing for artisans' and workmen's dwellings of various sites, formerly occupied by ruinous and unhealthy houses, and the erection of labourers' dwellings, especially on the Oxmantown estate ; besides a large outlay on sewer works.

The Public Health Committee of those days was working always in a sort of vicious circle. Its organization was defective, and utterly inadequate for the work to be done. Its legal powers, though considerable, were in many ways uncertain and unsatisfactory. To have used them to really effectual purpose would have required an enlargement of the staff and an increase of expenditure, such as the uneducated public opinion of those days would hardly have tolerated, much less approved. Thus the powers they possessed could not be properly exercised for want of a sufficient organisation, while, if they provided a sufficient machinery, they were liable at every turn to find their best intentions frustrated by the uncertainty or insufficiency of the law, or obstructed by "an ignorant impatience of taxation" on the part of the rate-payers. Thus, when the Sanitary Association, in its earliest efforts, reported that certain houses were entirely without drainage, it was answered by the Public Health Committee that there were more than 1,000 houses unfit for habitation, but that there was no Building Act in force in Dublin by means of which persons erecting houses could be compelled

to construct them on sanitary principles ; and when the Association urged that the sanitary inspection of the city was miserably inadequate, it was told that, "through inability as to means, and to obtain men," the Public Health Committee could do no better.

Under these circumstances, the duty cast upon the Association was a three-fold one—To endeavour to bring about such amendment of the laws as should leave the Sanitary Authorities, everywhere, without any excuse of deficient powers ; to stimulate and educate public opinion in relation to sanitary matters, so that there should be no difficulty owing to want of means or insufficiency of organisation ; and meanwhile, to be "instant in season and out of season" in pressing on every public body having any share in the administration of sanitary affairs the vital necessity of utilising to the utmost all the powers they possessed.

As regards the legal powers of Sanitary Authorities, almost all the disabilities which existed in 1872 have since been removed by legislation.

In 1874 a new Public Health Act—following, but improving on the similar English Act—was passed. In the consideration of the bill during its passage through Parliament, this Association took a not unimportant part, in conjunction with the various Irish medical associations. This Act, amongst other provisions, constituted the dispensary medical officers throughout Ireland, district officers of health, a provision which had previously been strongly recommended by the Sanitary Association, having been urged by the Executive Committee on the Public Health Committee, on the occasion of a conference with that body, as early as February, 1873.

The business of Sanitary Authorities in Ireland has, since



1874, been carried on substantially on the basis provided by that Act; little fresh power having been conferred by more recent legislation; so that, in estimating the progress of sanitary improvement, the year 1874 may be taken as the turning point between the old regime, and the new. The more recent Public Health Act of 1878, was chiefly a consolidation act, bringing into one statute the whole body of sanitary law, which, previous to its passing, was scattered through some twenty separate acts of Parliament. The importance of the work effected in this way by this act may be inferred from the facts that it consists of six parts, and contains no less than two hundred and ninety four sections, and that it repealed the whole of seventeen previous acts, and considerable portions of three others, thus superseding twenty separate statutes, and placing in the hands of the Sanitary Authorities of the country, an intelligible and workable code of law; under which the continued existence of any serious sanitary defects can, in few instances, be any longer excused on the ground of insufficiency of legal powers for their abatement.

For the administration of the Public Health Act of 1878, and under the powers by it conferred on them, the Corporation of Dublin proceeded to frame a set of by-laws, which were completed in 1880, and having been duly confirmed by the Local Government Board, as prescribed by the Act, on the 11th November in that year, now form the administrative sanitary code for the city.

The most serious defect left unremedied by the Public Health Act of 1874, which has as yet come to light, is, that though ample powers are given for enforcing the due provision of all sanitary requirements in new houses, and in recognized tenement houses, there are at present no sufficient

powers for preventing the conversion of existing houses built for one family, or of stables and out-houses, into dwellings for several families, without proper provision for their healthful accommodation, and without any previous intimation to the Sanitary Authority. This defect is of peculiar importance in Dublin, where the degradation of private houses, once occupied by the affluent, into tenement houses for the working classes, is going on year by year at a rapid rate. The late Mr. Edmund Dwyer Gray, M.P., unsuccessfully endeavoured to have this remedied by the insertion of a clause into the Houses of the Working Classes Act of 1885. The recently introduced Dublin Improvement Bill, contains a clause by which the necessary powers with regard to tenement houses will be obtained ; and it is to be hoped that a suitable clause will also be inserted, dealing with the conversion of stables and similar buildings into dwellings. It is, however, to be admitted that though the intention of the clause referred to is excellent, the definition of a tenement house in the bill is far too wide, including as it does every house in the city containing more than one family. I greatly fear that if passed in its present form, the clause will defeat its own purpose ; for its penalties being made verbally applicable to large numbers of householders who cannot, by any straining of the ordinary meaning of the word, be called tenement house owners, and against whom, I feel sure, its provisions can never be enforced ; it seems to me only too likely that they will be successfully evaded by the real offenders whom we have so long laboured to bring under control.

I have thus, briefly and imperfectly, sketched out the manner in which our first two objects are provided for, and

have indicated the part borne by the Sanitary Association in connection with them. No doubt much may be done in the future to improve these provisions. There is no finality in sanitary science, any more than in any other branch of science, and there can be no finality in sanitary legislation. "The thoughts of men are widened with the process of the suns," and with the wider thoughts must come more extended action, requiring new and improved means of operation, but, though we are far from considering our present machinery perfect, we can say that it is powerful, simple in its operations, and well adapted to its ends, and therefore capable of effecting an enormous amount of public good, provided only that it be honestly and intelligently directed, and supplied with a sufficient motive force to keep it in continuous and energetic work.

To describe the work done by the Association in educating public opinion on sanitary matters would be to recapitulate its proceedings from the beginning.

There are three ways of creating or influencing public opinion on any practical matter.

One is the didactic method, by means of lectures, pamphlets, leaflets, and similar publications. All of these means have been from time to time extensively resorted to by the Association. I have already alluded to the first series of ten lectures delivered in this theatre in 1873, by a joint arrangement between the Association and the Royal Dublin Society. In seven of the seventeen years which have since elapsed courses of lectures, numbering thirty-three in all, were delivered in other places under the management of the Association. Besides the lectures, papers were read on behalf of the Association at the Social Science Congress in 1881 ;



and at the Sanitary Congress, which met in Dublin in 1884, papers were read by the engineer of the Association, Mr. Parry, and by the seeretary, Mr. Speneer. In 1873, a leaflet containing reecommendations ealeulated to cheek the spread of searlatina, and in 1876, a very striking plaecard on the subject of small-pox and vaecination were issued, in eonnection with the epidemics of the diseases referred to which broke out in those years, and in 1880, a pamphlet, by Dr. Chapman, on the Sanitary Arrangement of Dwellings, was published by the Association. In the same eategory with the leetures should also be plaeced the three instructive addresses delivered by Dr. Grimshaw during his presidency of the Assoeiation.

It is elear from this record, that in the attempt thus to ineulcate sanitary prinieiples on its members and the publie, the Assoeiation has by no means been idle ; but, I feel bound to say, that, in my opinion, as a means of kindling a really vital public interest in the work, the directly didaetic method is the least efficacious.

I do not undervalue leetures. Seed is often sown in them which bears fruit after many days. A train of thought may be started which will propagate itself to much future benefit. But I fear that in too many cases after a lecture, which we pronounce to have been “able” and “interesting,” and “valuable,” we go away in a mental state, not wholly unlike that of the old lady, who is reecorded to have left the church, after listening with the deepest attention to an eloquent sermon by Dr. Chalmers, ejaeulating fervently—“Oh ! that blessed word Mesopotannia.”

Another way of awakening public attention is by the eollection and dissemination of eorreect information as to the actual sanitary condition of the distriet. This has formed a

large part of the work of the Association, and I do not know that any part of its work has been more useful.

In the early days of the Association much time and labour were devoted by members of the Executive Committee to the personal inspection of a number of the plague-spots of the city, places from which every recurring outbreak of infectious disease was known to radiate and spread itself abroad, and from one or other of which our fever hospitals were hardly ever without a patient. The condition of many of these places was then almost inconceivably horrible ; so incredibly bad, that some of our reports were at first contradicted offhand, or set down as at the least grossly exaggerated. A record—but in the merest outline—of a few of these inspections, is contained in the report for 1872, and tabulated statements of hundreds of nuisances reported annually to the Public Health Committee, are to be found in all our earlier reports, with fuller descriptions of a few typical cases, under the title of “fever nests.” Looking back now after so many years, and when the heat of controversy has altogether subsided, I do not believe that in any single case our statements were proved to be unsubstantiated or overdrawn ; indeed in regard to some of the worst cases, overdrawing was almost beyond the power of language. I dwell on this now, not for the purpose of reviving an extinct controversy, or of making a stale claim to victory over a now reconciled opponent ; but in order to bring to your recollection the frightful depth of insanitariness in which large tracts of our city were sunk, when the Association first set itself to stir up public attention to them ; and to show the laborious nature of the up-hill struggle which devolved on the Sanitary Authorities on the passing of the Public Health Act in 1874.

One of the first effects of these inspections was to force on

the Association, with accumulating pressure, the conviction that by no mere efforts of its own could a true picture of the sanitary evils of Dublin be revealed to the Public, and so to lead to the endeavour to procure a full public investigation of the subject by an Authority which should command recognition, as at the same time impartial and fully qualified for the work. A resolution calling for such a public enquiry was passed at the Annual General Meeting held 10th June, 1875. The steps taken to attain this object need not be detailed. The Association persevered in the face of cold water from the Public Health Committee, and of the usual official resistance on the part of the "Circumlocution Office," until on the 9th September, 1879, a Royal Commission was issued which sat in the City Hall in the following month. The main object of the Commission was stated to be to enquire into the sewerage of Dublin, and the state of the Liffey, but the enquiry was extended, so as to embrace a general investigation into the sanitary, or rather the insanitary state of the city, and the causes of the excessive death-rate, such as the Association desired. Probably if the Chairman had been one of the formalist official stamp, the enquiry would have been confined within the limits of the strict words of the Commission, in which case it would have been entirely abortive; but Sir Robert Rawlinson and Dr. MacCabe took a more liberal view of the duty entrusted to them, and the enquiry became a general one, and the evidence given threw a flood of light into many of the dark corners in which the Sanitary Association and the Public Health Committee had been fruitlessly groping.

As a result an impetus was given to a variety of beneficial changes, which have since been more or less effectually carried out, as I believe with great service to the city,



the fruits of which we are only now beginning to reap. It is worth noting as a curious, though by no means unprecedented circumstance, that while the incidental branches of the enquiry have been so fruitful, nothing whatever has since been done in regard to either the main drainage, or the purification of the Liffey, which it was the primary business of the Commission to promote.

The Commission on the Housing of the Working Classes, which sat in Dublin in 1885, under the presidency of Sir Charles Dilke, was also attended by witnesses on behalf of the Sanitary Association. Unfortunately the Commission, which had already held some thirty-nine or forty sittings, and had taken most voluminous evidence in England and Wales, seemed more concerned to shorten its labours in Ireland than to make its investigations exhaustive, and a large part of the evidence tendered on behalf of the Association was passed over and omitted from the report. Many very useful recommendations for legislative improvements were, however, made by the Commission, calculated greatly to aid the efforts now being made in so many directions to improve the dwellings of artisans and labourers; but these have necessarily fallen to the ground amid the more exciting affairs with which Parliament has ever since been occupied. An Act called "The Housing of the Working Classes Act, 1885," was passed in pursuance of the report of the Commission, but it contains no provisions of serious importance.\*

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\* The congenital weakness of this offspring of an unusually powerful Royal Commission, may be inferred from the 7th section, which is worth quoting entire as a legislative summing up of the whole duty of Sanitary Authorities.

Sect. 7. "*General duty of local authority to enforce the law.*"

"It shall be the duty of every local authority entrusted with the

By extensions of previous acts, it somewhat facilitates borrowing for the improvement of dwellings, especially in rural districts, and gives to local authorities power to undertake the construction of workmen's dwellings, a power which already existed in Dublin under an earlier act.

The most important benefit derived from such enquiries as these is not, as it seems to me, to be found in the recommendations of the Commissioners, but in the reflex action on public opinion. The reports of the evidence given, the daily notices and comments in the Press, the discussion of the conflicting opinions expressed, all tend to awaken a general interest in the subject, and to give that impulse to the forward movement which is wanted to carry it over the many obstructions which always lie in the way of improvement. Without some outside influence to stir them up to action, all administrative bodies, no matter how wise or energetic their members may individually be, are certain sooner or later to become inert, to settle down into a groove, to assume tacitly or expressly that what is, is best, that the methods they have been pursuing are those suited to the work, and to suspect the motives and question the wisdom of anyone who urges them to move faster, or tries to lift them out of the rut in which they are running, and to give a new direction to their movements.

It was inevitable, therefore, that in carrying into effect the third method of influencing public opinion, namely, that of energetic and persistent criticism of the ways and doings of every Sanitary Authority or Power with whom the Asso-

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execution of laws relating to public health and local government to put in force from time to time as occasion may arise, the powers with which they are invested, so as to secure the proper sanitary condition of all premises within the area under the control of such authority."

ciation came into contact, its motives should at first have been misconstrued by the Public Health Committee, and its actions misjudged. Yet, rightly considered, no greater service could have been rendered. What could more effectually help a Public Authority earnestly desiring to do its duty, yet doubtful how far the uninstructed popular Will, which is its breath of life, would bear it out in the necessary measures, or be content to endure the taxation needful if those measures are to be made effectual, than to have an intelligent Association of its own constituents constantly urging it to more rapid progress in the direction in which it desires to move, and pressing on it the prompt adoption of measures which, since they must be expensive, it is feared may be unpopular? Even over-zealous and premature suggestions—though I am far from admitting that any such have emanated from the Sanitary Association—but even counsels of perfection, impracticable when first proposed, may be of assistance, by preparing the public mind, and so enabling improvements to be carried out with far greater ease when the time is ripe for them. In these self-governing Communities of ours, reforms cannot be forced on an unprepared Public on the *ipse dixit* of an individual, or by the *fiat* of a Council. The ground must first be prepared for any movement of importance by full and free discussion out of doors, by which the general mind is familiarised with the idea, and made ready to accept the proposal when formulated in the fulness of time by the Governing Authority. What good could have been done by an Association which should have accepted, as reasons for not carrying out necessary reforms, statements of difficulties, such as those made to us in our early days by the Public Health Committee? What help could any Association acting on such a principle render to any Public Body? Would not



the necessary effect of such a course be to confirm the Authority in a spiritless routine, and the Public in the soulless apathy from which it was the chief mission of the Association to arouse them?

One of the early misconceptions to which the Association was subject was the notion that it was led through some occult influence to single out the Public Health Committee for special animadversion, which was not directed against other Bodies. So far was this from being the case, that the practice of the Association from its earliest days might more truly be said to have been guided by the old Donnybrook maxim—"Wherever you see a head, hit it." I find from a cursory perusal of our annual reports, that, amongst other Bodies against whom the Association, in the course of its career, directed its weapons, were the Dublin, Wicklow, and Wexford Railway Company, perhaps not too successfully, for the state of some of their stations; the North Dublin Tramways Company, in 1877, for the conveyance of children with whooping-cough; the Governors of the Bow-street Night Asylum, in 1879, for overcrowding; and the Pembroke Township Commissioners, in 1882, with respect to an alleged defective arrangement of drains. In 1877 there was a long and vigorous campaign waged successively against the Guardians of the South Dublin Union, the Local Government Board, and finally, the Privy Council, in order to put a stop to the burial, within the city, of cattle slaughtered under the Cattle Diseases Act, 1876, in a district which is now becoming rapidly covered with dwelling houses. This intra-mural cemetery was not finally closed until, after a large number of cattle had been buried there, His Grace the Duke of Marlborough, who was then Lord

Lieutenant, personally intervened, and procured the issue of a special Order in Council, putting an end to it.

In 1880, there was a lengthened controversy with the Board of the Rathdown Union and the Local Government Board, with regard to the extremely disgraceful condition of the village of Newtown-park, which at that time had neither water supply nor drainage worthy of the name. This, I regret to say, was almost wholly unsuccessful, the village being still undrained and drawing its water from pumps.

I may, perhaps, here also mention another contest, the satisfactory fruits of which we may see around us in this very spot, in which the Association took part, and to the issue of which I believe its influence materially contributed, when, in 1877-78, the Science and Art Department proposed to erect their new buildings across the foot of the Leinster Lawn, fronting Merrion-square. If the Sanitary Association had rendered no other service than this, it would have deserved well of the City for preventing that piece of Vandalism, and thereby securing instead those splendid buildings, which are now approaching completion, in Kildare-street.

These few instances will show that the energies of the Association were at no time confined to a contest with the Public Health Committee; but it was inevitable from the nature of things that by far the largest part of our work should be concerned with the City of Dublin, and therefore with its Sanitary Authority—the Public Health Committee of the Corporation.

The narrow limits within which the Municipality of Dublin is rigidly circumscribed, ensures to the surrounding Townships most of the growth, and to the City proper nearly all the decay, arising from the centrifugal migration of the wealthier classes, which modern facilities of locomotion have

brought about in all populous cities, and consequently entails on the City Authorities a burden of responsibility out of all proportion to that which falls on those of their younger neighbours. This is an obvious fact. Its necessary corollary is that, while for the ten years 1865 to 1874 the death-rate for the suburban portion of the Dublin registration district was 22·1 per thousand, that for the City of Dublin was 30·9, while in the next five years, 1875 to 1879, the disproportion was still greater ; the figures being 22·7 and 32·9 per thousand respectively. This was the state of things during the first years of the Sanitary Association. Is it not a sufficient justification for the warmth and pertinacity of our efforts to quicken the movements of the responsible Authorities ?

I think I have now shown that the three conditions which at the outset I laid down as essential to the successful working of any system of Sanitation, are fairly fulfilled in Dublin, and that the Sanitary Association may at least claim the credit of having helped to secure those conditions and to smooth the way for the exercise of the powers now in the hands of the Sanitary Authorities. I should like to say something about the many improvements which have been effected during the period under review, as well as about the work which still remains to be done ; but in the time that remains I can only add a few words.

Anyone who was familiar with the condition of the City of Dublin eighteen years ago, must be aware of very substantial improvements in many respects. Those who, like the members of the inspection committees of the Sanitary Association have been led to make frequent visits to the “back slums” and “fever-nests” of former times, will be aware that the actual improvement is much greater than is ap-



parent to those who only frequent the ordinary business parts of the City. That very much yet remains to be done is no reason that we should ignore or undervalue the good which has been attained. The question that now presents itself is, what definite visible result can we show for all that has been done? Can we point to such an actual improvement in the annual statistical returns as will prove that we have got and are getting value for our money? I think we can.

Sanitation, as I have already mentioned, had a much earlier start in England than on this side of the Channel. When we were laying the foundations, English cities had already had their machinery at work for some years. It is to be expected therefore, that if any good is being done, its results will have shown themselves in England much earlier than here. This is exactly what we do find by examination of the Registrar General's returns for the two countries.

At the end of each of our annual reports will be found a table showing for each year, from 1865 down, the annual death-rate in the Dublin Registration District, and in each of its main divisions—the City proper and the suburban Townships; in the general London registration district, and separately in its five divisions, north, central, east, south and west; in Edinburgh and Glasgow, and in nine of the most important large town districts of England. The table prepared for the report for 1889, therefore, contains the figures for twenty-five years. I have divided these twenty-five years into five successive periods of five years each, and I ask your attention to a supplemental table which I have prepared giving the average death-rate for each of these successive quinquennial periods.

TABLE SHOWING THE AVERAGE ANNUAL DEATH-RATE PER 1,000 OF THE POPULATION, DURING FIVE CONSECUTIVE PERIODS OF FIVE YEARS EACH, FROM 1865 TO 1889, IN LONDON AND DUBLIN, AND ELEVEN LARGE CITIES AND TOWNS OF GREAT BRITAIN ; ALSO FOR BELFAST AND CORK DURING THE LAST TWO PERIODS.

	Estimated Population, 1888.	1865-69.	1870-74.	1875-79.	1880-84.	1885-89.	Decrease.
London, North. .	1,037,000	23·8	22·6	21·7	19·8	17·3	6·5
„ Central, .	227,000	26·2	25·0	<b>25·2</b>	24·1	<b>25·2</b>	1·0
„ East, .	731,000	27·6	25·1	24·9	24·1	22·0	5·6
„ South, .	1,527,000	23·2	22·2	22·0	20·3	18·0	5·2
„ West, .	761,000	22·3	21·5	21·0	19·6	18·5	3·8
London District, .	4,283,000	24·4	23·0	22·6	21·0	19·0	5·4
Edinburgh, .	263,000	27·4	24·6	21·4	20·1	18·6	8·8
Glasgow, .	526,000	31·2	30·3	25·7	26·3	24·2	7·0
Liverpool, .	600,000	34·3	30·6	27·5	26·5	22·6	11·7
Birmingham, .	448,000	25·0	24·5	24·2	20·9	19·1	5·9
Manchester, .	378,000	32·8	30·5	29·4	26·6	<b>26·9</b>	5·9
Leeds, .	351,000	28·5	28·1	24·8	22·8	21·1	7·4
Sheffield, .	322,000	27·6	27·1	24·9	22·2	20·7	6·9
Bristol, .	227,000	22·7	24·1	23·4	19·2	18·8	3·9
Salford, .	226,000	28·6	27·6	<b>27·8</b>	23·8	21·4	7·2
Hull, .	202,000	25·3	24·5	23·5	22·8	18·4	6·9
Newc.-on-Tyne, .	159,000	29·6	28·8	24·4	23·2	<b>23·9</b>	5·7
Dublin City, .	252,000	30·7	<b>31·2</b>	<b>32·9</b>	31·8	29·4	3·5
„ Suburbs, .	101,000	22·9	21·3	<b>22·7</b>	20·7	19·7	3·0
Dublin District, .	353,000	29·0	28·9	<b>30·7</b>	28·8	26·6	4·1
Belfast, .	230,000	—	—	—	1881-84. 24·8	<b>25·7</b>	—
Cork, .	80,000	—	—	—	25·8	23·4	—

NOTE.—In the few cases in which the rate in one period is higher than in the preceding one, the figures are printed in heavy type.

Accurate returns for Cork and Belfast are not available prior to 1881.

You will observe that with very few interruptions, and those few of a quite trivial character, every successive period of five years, marks a continuous progressive decrease in the death-rate in sixteen out of the seventeen great town districts in England and Scotland: the one solitary exception is Central London, which has been nearly stationary. In all, with this one exception, the total decrease has been to a very substantial amount. The most notable case is that of Liverpool, where the average rate has fallen from 34·3 in the five years 1865 to 1869 to 22·6 in the five years 1885 to 1889. As Liverpool has a population of just 600,000, this means that 7,000 lives have been saved in each of the last five years, as compared with the first five. During the first period Liverpool was the most unhealthy town in the United Kingdom. Its death-rate for 1866 was 43·1 per thousand, while in 1888 it was only 20·3. That is to say, that nearly 26,000 persons died there in 1866, and only about 12,000 in 1888. For the whole of "Greater London" the reduction amounts to 5·4 per thousand, viz., from 24·4 to 19·0, which, on a population of 4,280,000, amounts to a saving of 23,000 lives in every year. These figures are startling; but the uniformity of the results in so many different places proves that they arise from a common cause. That cause can be nothing but improved Sanitation. Surely so enormous a gain is worth all that has been spent in time, money, and labour to attain it.

Turning now to the figures for Dublin, we see that our maximum period is that of the five years 1875 to 1879, when the average rates for the City and Suburbs, respectively, were 32·9 and 22·7 per thousand, and of the whole Registration District, 30·7. Here also there is a progressive decrease during the two following periods, both in city and suburbs in

which for the five years, 1885 to 1889, the rates were 29·4 and 19·7, making a reduction of 3·5 and 3·0 per thousand, respectively. As the estimated population of the City is about 252,000, and of the suburbs 101,000, these figures show a saving in the City of nearly 900 lives in each of the last five years, and of rather over 300 per annum in the Suburbs.

These figures are not so striking as those of the English towns, but they are encouraging as far as they go. We should always bear in mind that Sanitation has the advantage over Medicine that prevention always must have over cure. It not only averts death from the sick, but sickness itself from the healthy. If, by improved sanitation, we can reduce the number of deaths by 1,000, we preserve 5,000 from sickness, and at least 5,000 more from anxiety, labour, and loss. That which has been done all over England and Scotland can be done also in Ireland. If we have made a later start, or have a steeper hill to climb, we should only nerve ourselves to more strenuous efforts. The reward of success is great: the means are within our reach. It is for us to see that we do not fall short through want of will or of persistent determination to attain it.





TABLE SHOWING THE ANNUAL DEATH-RATE PER 1,000 LIVING IN THIRTEEN LARGE TOWN DISTRICTS OF THE UNITED KINGDOM; IN DUBLIN CITY AND DUBLIN SUBURBS; AND IN THE SEVERAL DIVISIONS OF THE LONDON REGISTRATION DISTRICT; FOR EACH OF THE YEARS 1865-89, WITH THE AVERAGE ANNUAL RATE OF MORTALITY, FOR THE TEN YEARS 1865-74, AND THE TEN YEARS, 1875-84.

	ANNUAL DEATH-RATE PER 1,000 LIVING.											ANNUAL DEATH-RATE PER 1,000 LIVING.															
	1865.	1866.	1867.	1868.	1869.	1870.	1871.	1872.	1873.	1874.	Average 1865-74	1875.	1876.	1877.	1878.	1879.	1880.	1881.	1882.	1883.	1884.	Average 1875-84	1885.	1886.	1887.	1888.	1889.
Dublin District,	28.5	31.6	30.1	28.1	26.8	27.1	28.5	31.4	28.7	28.6	28.9	29.6	28.3	29.6*	31.4*	34.6*	35.0*	26.3*	27.2*	28.3*	27.2*	29.7	27.6*	26.2*	29.8*	24.5*	25.0*
Dublin City,	30.0	32.7	31.8	29.4	28.9	29.6	30.7	34.8	30.5	30.7	30.9	31.8	29.9	31.6*	33.8*	37.5*	37.8*	29.2*	30.3*	31.5*	30.0*	32.3	30.7*	28.4*	33.2*	26.6*	27.9*
Dublin Suburbs,	22.0	27.0	22.8	22.1	20.8	20.4	22.0	20.9	20.9	22.0	22.1	22.0	22.3	22.4*	22.9*	24.2*	25.1*	19.0*	19.2*	20.2*	20.2*	21.7	19.8*	20.5*	21.1*	19.3*	17.8*
London District,	24.5	26.5	23.0	23.5	24.6	24.1	24.6	21.5	22.4	22.4	23.7	23.6	21.9	21.6	23.1	22.6	21.7	21.3	21.3	20.5	20.4	21.8	19.8	19.9	19.6	18.5	17.4
London, North,	24.5	25.3	23.1	22.7	23.5	23.5	25.6	21.2	21.2	21.7	23.2	22.2	21.2	21.5	22.0	21.5	20.8	20.6	19.6	19.0	19.0	20.7	18.5	18.0	17.8	16.6	15.7
London, Central,	27.1	27.1	24.8	25.2	26.6	26.0	25.0	23.6	25.1	25.7	25.6	26.2	24.1	24.2	25.2	26.3	23.8	23.5	24.4	24.1	24.9	24.7	24.4	25.4	26.1	25.7	24.2
London, East,	26.5	34.0	24.2	25.4	27.8	25.0	26.1	23.6	25.3	25.5	26.3	25.7	24.0	24.5	25.1	25.5	24.3	24.2	25.2	24.1	22.9	24.6	22.5	23.2	22.5	21.8	20.2
London, South,	23.2	24.1	22.1	22.9	23.8	23.4	24.0	20.7	21.7	21.0	22.7	23.3	21.2	20.5	23.0	21.8	21.3	20.5	20.6	19.5	19.7	21.1	18.5	19.1	18.6	17.2	16.6
London, West,	22.6	22.6	21.7	22.2	22.2	23.8	22.5	19.6	20.5	20.9	21.9	22.2	21.0	19.2	21.6	20.9	19.8	19.6	19.8	19.5	19.2	20.3	19.2	19.0	19.0	18.3	17.0
Edinburgh,	27.8	27.5	27.0	27.0	27.7	23.8	27.0	26.7	22.0	23.6	26.0	23.7	20.4	21.2	22.0	19.9	21.9	20.1	19.6	19.2	19.7	20.8	18.2	19.2	19.7	18.0	18.0
Glasgow,	32.8	29.8	28.7	31.2	33.7	29.6	32.9	28.7	29.1	31.1	30.8	28.6	25.2	24.9	25.0	24.6	26.1	25.2	25.4	28.2	26.9	26.0	25.9	25.1	23.1	22.1	24.8
Liverpool,	37.2	43.1	30.6	30.4	30.4	33.0	35.2	27.1	25.9	32.0	32.5	27.5	27.5	26.3	29.2	26.9	27.1	26.7	26.5	26.7	25.2	27.0	23.8	23.8	23.7	20.3	21.6
Manchester,	33.9	33.1	32.9	33.6	30.7	29.9	31.3	28.9	30.6	31.1	31.6	30.9	30.2	28.5	29.2	28.3	26.9	25.5	26.7	27.6	26.4	28.0	26.5	26.3	28.7	26.1	26.7
Salford,	29.1	28.8	28.2	30.4	26.4	25.8	30.4	25.4	28.3	28.3	28.1	29.7	29.6	26.4	27.1	26.7	28.0	22.6	23.2	22.4	22.3	25.8	21.1	22.1	22.2	21.1	20.5
Birmingham	25.4	25.1	25.6	25.4	23.1	23.0	25.0	23.0	24.9	26.8	24.7	26.6	22.7	24.1	25.5	22.1	20.7	20.0	20.9	21.3	21.4	22.5	19.3	19.9	19.7	17.8	18.7
Leeds,	30.3	31.8	26.2	27.8	26.6	28.8	26.6	28.1	27.9	29.2	28.3	27.0	25.8	23.0	24.7	23.5	22.0	21.6	23.2	23.3	24.2	23.8	19.9	21.9	21.1	20.6	22.1
Bristol,	22.9	24.1	21.7	21.8	23.1	28.5	23.3	22.2	23.3	23.1	23.4	27.4	23.1	22.5	22.2	21.9	21.0	19.6	19.2	17.9	18.4	21.3	19.7	19.3	20.4	16.9	17.6
Hull,	26.3	23.4	23.7	26.0	27.3	23.9	23.2	26.1	23.8	25.5	24.9	27.3	22.8	21.5	24.1	22.0	23.4	23.8	23.2	22.8	21.1	23.2	17.2	18.8	19.2	16.4	20.3
Sheffield,	27.6	28.9	25.4	27.6	28.7	26.6	28.5	26.4	26.3	27.7	27.4	25.8	25.5	23.1	26.6	22.9	22.9	21.1	21.7	22.9	22.4	23.5	20.7	19.8	21.6	20.5	20.9
Newc.-on-Tyne,	29.7	32.9	31.7	26.5	27.2	25.4	32.2	26.4	30.3	29.7	29.2	26.6	23.3	23.0	24.5	24.4	22.8	21.8	23.1	25.5	23.1	23.8	26.1	22.2	25.3	20.6	25.2
Belfast,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	23.6*	25.8*	26.2*	23.4*	—	27.9*	23.7*	25.9*	25.3*	25.8*
Cork,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	26.8*	24.7*	24.9*	26.7*	—	26.2*	22.1*	22.4*	24.1*	22.3*

NOTE.—The Figures for Dublin District, City, and Suburbs, for the years 1865-78 denote the death-rate with the addition of ten per cent. to allow for deficiency of registration prior to the introduction of the "Burial Returns."



A  
SKETCH OF SANITARY PROGRESS  
IN DUBLIN:

BEING

A N A D D R E S S

*Delivered at the Annual General Meeting of the Dublin Sanitary  
Association, 12th March, 1891.*

BY

FREDERIC W. PIM,

PRESIDENT OF THE ASSOCIATION



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